

Natural Gas Well Completion Two Day Notification

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New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution “NSPS 0000”

SECTION I: GENERAL INFORMATION

Owner or Operator Name

Facility Local Contact Name

Street Address

E-Mail

City

State

Zip Code

Telephone Number

SECTION II: SOURCE DESCRIPTION

*Please check the proposed well flowback compliance option:

- ☐ Route flowback gas to a completion combustion device
- ☐ Reinject into the well or another well
- ☐ Use on-site as a fuel source
- ☐ Route flowback gas to a salable gas pipeline
- ☐ Other _____

*Please complete the table below for each affected source per §60.5365.

Well Name/Number	API Number	Latitude & Longitude Coordinates (NAD83, Decimal Degrees to 5 digits)	Anticipated date of well Completion/Flowback